



Parish Census & Registration Form

Church of St. Joseph
108 3rd Street NE, Mandan, ND 58554
www.stjosephmandan.com, office@stjosephmandan.com
Please return this form by mail, in the collection basket,
E-mail, or to the parish office, 701-663-9562



Please fill out (to the best of your ability) this form in it's entirety. We are really trying to keep our records up-to-date in the parish office, but we need your help to do that! We want EVERYONE to fill out this form. If you have questions, or need help, please call the parish office and we will have someone assist you! Please PRINT as clearly as you can. Thank you!

<input type="radio"/> Mr. <input type="radio"/> Ms.	Last Name:	Maiden Name (if applies):	First Name:	Middle Name:
<input type="radio"/> Mrs. <input type="radio"/> Miss				
Address:		City:	State:	Zip Code:
Homebound: <input type="radio"/> Yes <input type="radio"/> No		Nursing Home/Assisted Living: <input type="radio"/> Yes <input type="radio"/> No		
Marital Status: <input type="radio"/> Single <input type="radio"/> Engaged <input type="radio"/> Catholic Marriage <input type="radio"/> Civil Marriage <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Annulled <input type="radio"/> Widowed [name of deceased spouse: _____]				Date of Marriage:
Birth Date:	Age:	Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Catholic	<input type="radio"/> Non-Catholic
Home Phone:	E-mail: (only to be used for official parish business)		Occupation:	
Cell Phone:				
Place of Employment:			Work Phone:	Ext:
Are you an alumni of St. Joseph School? <input type="radio"/> Yes <input type="radio"/> No If yes, what year(s) did you attend (i.e. 1995):				
Would you like to help as a Liturgical Minister? <input type="radio"/> Yes <input type="radio"/> No If yes, please mark the following ministry(s) you would like: (training provided)		Sacraments Received: <input type="radio"/> Baptism <input type="radio"/> First Communion <input type="radio"/> Confirmation		
<input type="radio"/> Lector/Reader (daily or weekend) <input type="radio"/> Daily Mass Sacristan <input type="radio"/> Usher <input type="radio"/> Gift Bearer <input type="radio"/> Eucharistic Minister (daily or weekend) <input type="radio"/> Greeter <input type="radio"/> Music (cantor or pianist) <input type="radio"/> Rosary Leaders (before Mass)		If have not completed sacraments, or are not Catholic, would you be interested in an adult education program? <input type="radio"/> Yes <input type="radio"/> No		
Other Ministry Opportunities: <input type="radio"/> Prayer Warriors <input type="radio"/> Prayer Blankets <input type="radio"/> St. Joseph Circle <input type="radio"/> Catholic Daughters <input type="radio"/> Knights of Columbus <input type="radio"/> Art & Environment <input type="radio"/> Eucharistic Adoration <input type="radio"/> Office Help <input type="radio"/> Faith Formation Teacher <input type="radio"/> Youth Helper <input type="radio"/> Outreach		Weekend Mass Typically Attended: <input type="radio"/> 4pm (Saturday) <input type="radio"/> 8:30am (Sunday) <input type="radio"/> 10:30am (Sunday)		
		Do you have any Special Skills that you would be willing to use to help the parish? (example: carpenter, plumber, cleaning, sewing, yard work etc..) Please list them below:		

<input type="radio"/> Mr. <input type="radio"/> Ms.	Last Name:	Maiden Name (if applies):	First Name:	Middle Name:
<input type="radio"/> Mrs. <input type="radio"/> Miss				
Address: (if different)		City:	State:	Zip Code:
Homebound: <input type="radio"/> Yes <input type="radio"/> No		Nursing Home/Assisted Living: <input type="radio"/> Yes <input type="radio"/> No		
Marital Status: <input type="radio"/> Single <input type="radio"/> Engaged <input type="radio"/> Catholic Marriage <input type="radio"/> Civil Marriage <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Annulled <input type="radio"/> Widowed [name of deceased spouse: _____]				Date of Marriage:
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We are happy to have you as members of the Church of St. Joseph!

There are more spaces on the back of this form for additional members of your family.

OFFICE USE ONLY

Date Received:	Date Entered:
Envelope #:	Letter sent:

Dependent Children: Defined as children that are living in your home and/or in college

Child's Last Name: (if different)		First Name:		Middle Name:	
Birth Date:	Age:	Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Catholic <input type="radio"/> Non-Catholic		
Grade:		School Currently Attending:			
Would this Child want to participate in Mass as: <input type="radio"/> Altar Server (4th gr. & up) <input type="radio"/> Lector/Reader (Confirmed) <input type="radio"/> Music (Confirmed) <input type="radio"/> Youth Group (6th gr & up)		Sacraments Received: Baptism: <input type="radio"/> Yes <input type="radio"/> No Date (if known): Parish: First Communion: <input type="radio"/> Yes <input type="radio"/> No Date (if known): Parish: Confirmation: <input type="radio"/> Yes <input type="radio"/> No Date (if known): Parish:			

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